

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUN -3 AM 10:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000022029

1. Corporation Name

PROMS INVESTMENTS, INC.

2. Principal Office Address

14960 EAST WASTERFORD DRIVE

3. Mailing Office Address

14960 EAST WATERFORD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

DAVIE, FLORIDA

City &amp; State

DAVIE, FLORIDA

Zip

33331

Country

USA

Zip

33331

Country

USA

400037811154  
06/09/04--01065--020 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida5. FEI Number  
54-2095288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

ALEJANDRO BIANCHI

Street Address (P.O. Box Number is Not Acceptable)

14960 EAST WATERFORD DRIVE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date 05/21/2004

REGISTERED AGENT MUST SIGN

## 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	RODOLFO DELL ELICINE	5005 HAYES STREET	HOLLYWOOD, FL 33021
DVP	ALEJANDRO BIANCHI	14960 EAST WATERFORD DRIVE	DAVIE, FL 33331

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/21/04

Date

954-274-7396

Daytime Phone #

CR2E081 (01/04)